

Foster Family Home - Corrective Action Report

Provider ID: 1-190070

Home Name: Ruby Lea Dela Cruz, CNA

Review ID: 1-190070-1

94-278 Loaa Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/12/2019

Foster Family Home

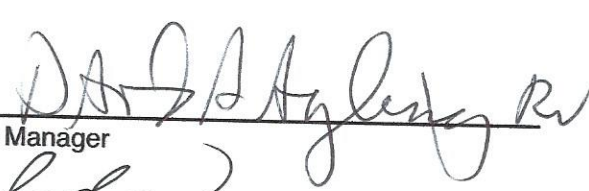
Required Certificate

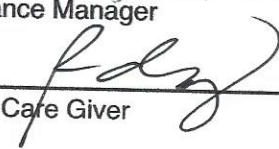
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 9/12/19. 6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

9/12/19
Date

9/12/19
Date